

**MINUTES OF THE  
HEALTH & HUMAN NEEDS COMMITTEE, HUMAN SERVICES BOARD,  
LONG TERM SUPPORT & AREA AGENCY ON AGING  
Tuesday, August 12, 2008**

**HHN Members Present:** Shelia Stubbs, Barbara Vedder, Eileen Bruskewitz, Dorothy Wheeler, Elaine DeSmidt  
**HHN Members Absent:**

**HSB Members Present:** Addie Pettaway, Nell Mally, Barbara Vedder  
**HSB Members Absent:** Peng Her, Kurt Schlicht, Tom Stoebig (excused)

**LTS Members Present:** Dale Bruhn, Deborah Garrett-Thomas, Judith Hunter, Sue Petkovsek, Barbara Vedder  
**LTS Members Absent:** Derick Pearson, Kathleen Nichols, Laurine Lusk,

**AAA Members Present:** Elaine DeSmidt, Robert Herbst, Judith Hunter, Shelia Stubbs, Dorothy Wheeler  
**AAA Members Absent:** Ashok Bhargava, Joyce Boggess, Duane Gau, Esther Olson, Judith Wilson

**Staff and Others Present:** Lynn Green, GP Foster, Fran Genter, Barb Thoni, Jean Kuehn, Liz Green, Theresa Sanders, Wayne Hagenbuch, Ken Eimers, Kathleen Luedtke, Don Anderson, Mary Pesko, Mary Pike, Steve Mercenti, Kevin Kiesling

**Call to Order:** Sup Stubbs called HHN to order at 5:45 p.m. Herbst called AAA to order at 5:45 p.m. Mally called HSB to order as a subcommittee at 5:45. Bruhn called LTS to order at 5:45 p.m.

**Public Comment:** None

**Chair's Report/Announcements:** Sup Stubbs informed members that the next joint meeting to discuss Family Care will be August 26, 5:30 p.m., at the Job Center.

**Family Care Private Model Presentation by Care WI:** Kuehn introduced Wayne Hagenbuch and Ken Eimers from Care Wisconsin. They reviewed the history and process of a Family Care private model and how it is being operated and implemented in different counties. A handout giving an overview and history of Care WI was distributed.

Care WI and Community Care are the Family Care CMO's for the southeast area of the State. Most of those counties had collaborated on an initiative for youth at risk of institutional placement; therefore, when LTC reform was announced and counties were asked to collaborate on a regional basis, the 12 counties decided to work together again. Because of Care WI's experience with the Partnership Program since 1995, they were interviewed to determine if their mission and goals were in sync with the counties' and the counties decided to partner with them on LTC reform. A two-year planning process followed to review options/models, gather information, determine what it takes to operate programs, etc. Ultimately, the 12 counties decided they didn't want the risk, so they decided on the model where private partners would hold the contract with the State and accept the risk. Care WI subcontracts with the Counties for care management services due to their knowledge of clients and local resources available.

The continuing role of the counties was discussed. A memo of understanding was signed by all 12 counties, Care WI and Community Care; it focuses on oversight, concerns, gaps in services, problems with access to services, member satisfaction, quality of care reviews, etc. The Aging and Disability Resource Centers (ADRC's) and Adult Protective Services (APS) are still handled by the Counties. Care WI staff stressed that they could not operate Family Care without partnering with the Counties. Subcontracting with the Counties for care management minimizes the transition effects for members. Most of the time, members can work with the same social worker and providers that they have worked with in the waiver programs. Eimers stated that it is important to note there are no differences in Family Care requirements whether it is run by a district or privately.

Questions:

1. Sup Vedder asked whether the MCO's meet regularly with each County or with all 12 Counties. They are in the process of transitioning from planning for day-to-day operations and plan to continue meetings with all Counties. In addition, they meet with each County on local issues. They are involved in training and operational matters in each County.

2. Sup Wheeler asked if Care WI is contracting directly with the State. Yes, and they subcontract with the Counties for care management services.
3. Sup DeSmidt questioned which of the 12 Counties have a county nursing home. Dodge, Jefferson, Sauk
4. Sup DeSmidt asked if they could refuse care of any particular or specific client under State contract. No, they are obligated to provide services to meet the needs of consumers. They can't refuse services to people who are entitled to them.
5. Sup DeSmidt questioned how subcontracting with counties affects union benefits. The contractual relationship with the county does not change the county's employment relationship with their staff in any way.
6. Sup Wheeler asked if they have been able to provide services within the capitation rate. They have been able to so far and expect to continue managing over time.
7. Pettaway asked about ADRC's. There has to be one in each county to operate Family Care. Some county staff moved into positions in the ADRC's.
8. Mally asked if ADRC staff assess each person. Hagenbuch explained that a care plan is completed a few months ahead in preparation for the transition of existing members. Because the transition involves a lot of people, the State allowed care managers to transition existing case plans to Family Care. If a person is on the wait list, the ADRC staff must do an assessment.
9. Sup Vedder asked how the physically and developmentally disabled clients' transition was going since Care WI's history is working with the elderly. Eimers responded that they were able to hire program managers that had experience working with people with DD and PD in the waiver programs. They were able to attract very qualified personnel, which has been a key component to the transition.
10. Sup Vedder questioned how members report concerns about care, etc. The care team works collaboratively with the member so members get the desired outcomes. The State audits on a regular basis and records are reviewed to see how members' needs are assessed, how they are communicating about their needs, etc. Ultimately, if members are dissatisfied, they have formal appeal rights to the State.
11. Pettaway asked about race and gender statistics. Information is available by gender but not race. Kuehn will follow up on this.
12. Sup Stubbs asked about the County Board Supervisor's role with this model. Eimers responded that they often attend County Board meetings to provide requested information. Hagenbuch added that the CMO holds the contract with the State; therefore, County Boards do not have direct oversight. However, County Boards have to pass resolutions stating that they want to move forward with Family Care and also to set up the ADRC. Luedtke explained that the county is responsible for the ADRC, so the Director of the ADRC would be accountable to the county executive, human services director or however they decide to set it up. Also the ADRC Board could have County Board Supervisors on it. The local ADRC Board appoints members to a regional board, which reports to the State on Family Care operations. They have an advisory role to the State about MCO's. A person should take a concern to their care team for mediation, but if issues can't be resolved, they can take it to the ADRC Board. The MCO has a client rights grievance officer and the member handbook has instructions about filing an appeal with the State Department of Administration Hearing and Appeals Board.
13. Sup DeSmidt asked how a County Board Supervisor would respond to a constituent complaint. They could call the MCO to discuss it.
14. Sup Vedder asked how the State knows if a new Family Care plan is being adhered to. Eimers responded that there is an extensive yearly audit much like the waiver programs are audited. Individual case studies are reviewed for outcomes. They are heavily regulated and expected to respond to issues and concerns. Luedtke added that the Family Care MCO has a heavy burden to report services they are providing and how it correlates to the care plan. Metastar is a national organization that is hired to do the audits and they review paperwork, go to homes, sit in on care planning sessions, etc. The State is able to see what's being provided and can match services to functional needs. They can determine if there are disconnects. Hagenbuch explained that if a member requests a service and the care team determines it is unnecessary, they are required to put the decision in writing to the member along with their appeal rights.
15. Sup Vedder asked if there is a mechanism for County Board Supervisors to compare services provided with and without Family Care. Hagenbuch responded that there is documentation about changes based on new assessments in records. Green reminded committee members that a private CMO is not accountable to elected officials.
16. Sanders asked about the organizational structure of a private Family Care model. Are any county board members included in the Board of Directors? Does Care WI carry all the risk? Who are care managers at the county responsible to? Eimers responded that Care WI manages the program and Care WI managers supervise care managers. They are developing an Advisory Board with representatives from each County connected to the overall Family Care Board. Hagenbuch added that the Family Care Board will include consumers from each County as

- well. The CEO has asked Counties for recommendations. Luedtke explained that statute requires the board that governs the MCO have a certain percentage of consumers or their representatives as members.
17. Sup Bruskewitz asked why a private non-profit agency could do a better job of managing health care than a public agency. Eimers noted Care WI's experience with Partnership and their ability to build on systems already in place rather than building infrastructure from scratch. They gained experience in serving people with DD and PD. However, he believes a public organization could run an MCO as well.
  18. Sup Bruskewitz asked about measuring outcomes on quality of life. Luedtke answered that the care planning process involves talking to consumers about what they want to achieve for themselves.
  19. Sup Bruskewitz asked what is the difference between a private non-profit and county MCO since expectations are the same. Why did Care WI decide to take the risk? Eimers answered that Care WI has been a pilot program with Partnership and felt an obligation to step up, because they had worked with the State for a long time.
  20. Sup Bruskewitz questioned what benefit Dane County would get by taking on the risk. If faced with the State capitation rate, could we still continue to provide quality services? Can Dane County decide to continue to spend at a higher level? Luedtke responded that the capitation rate cannot be subsidized.
  21. Sup Bruskewitz asked how Care WI would be better able to serve people at the highest level with a capitation rate. Eimers explained that Care WI has learned how to manage care in a fiscal setting and keep the quality high. Fundamentally, you have to be very good at working with members and getting desired outcomes, you have to know how to manage within a capitation environment, and you have to maintain the integrity of the program at all levels.
  22. Bruhn asked for clarification on board structure. Care WI is the MCO for the region, and the Care WI Board governs their operation. An advisory board made up from representatives of the 12 Counties is being instituted. Each County has an ADRC Board. Bruhn asked if there is any linkage between the County ADRC Board and the Care WI governing board. Hagenbuch responded that County ADRC Boards have the right to ask Care WI's Board to provide information and answer concerns. Luedtke added that the State and Federal governments require that there be separation between the ADRC and MCO.
  23. Bruhn asked if the basic premise is that a member gets services they need as determined by a care team. Luedtke answered that the consumer is a member of the care team. The care team makes sure needs are met in the most cost effective manner.
  24. Sup Wheeler questioned how the increased administration and reporting has affected Care WI. Eimers said there is more activity around working within complex regulations, meeting requests for information, working with an increased number of external entities, and considerably more administrative work. There was discussion about the cost of these changes.
  25. Pettaway asked if State audits are scheduled without notice. Luedtke responded that they are both scheduled and unscheduled.
  26. Herbst noted that if Dane County would start Family Care with Care WI as the MCO, it would double their 2008 membership – what kind of challenges would Care WI face to incorporate Dane County? Eimers said there would have to be a very strong partnership between Dane County and Care WI on all details of the program. Green noted that Care WI has been involved in Dane County's planning process from the beginning.
  27. DeSmidt expressed her feeling that the one taking the biggest risk is the citizen being provided care.
  28. Hunter asked whether other counties could cause Dane County financial problems. Hagenbuch doesn't think so if the program is being run the way it's designed; the issue would be whether the capitation rate is adequate. There was discussion about how capitation rates are set. Case mix and cost of living are taken into account when capitation rates are set. Eimers clarified that Dane County could be its own region and would not have to join the other 12 Counties being served by Care WI. Green commented that Dane County's risk is that consumers are used to getting top quality care, which is costly. We know that our current consumers on average are getting services that cost a lot more than they will get on Family Care whether we run it or someone else runs it. In some counties, capitation rates are an improvement in consumer services overall.
  29. Hunter asked about the relationship of county employees working for Care WI. They continue to be county employees with the same employment relationships. If there's a personnel issue, the county is responsible but Care WI works with the county to resolve it. Green pointed out that Dane County would not have many employees to contract with Care WI, because most of our case managers are currently contracted from POS agencies. With the staffing needs of the ADRC, there would still be positions for most of our staff.
  30. Sup Vedder asked for clarification that capitation rates are not the same statewide and asked what they are based on. Hagenbuch explained that actuaries hired by the State compile data on cost of services included in the benefit package, the cost of waiver services and card services included in the Family Care package, cost of services being provided and functional needs of consumers, labor costs, cost of living, etc. All of these are taken into consideration when setting a capitation rate.

31. Sup Wheeler asked how they deal with union employees versus non-union employees. Hagenbuch said that it hasn't been a problem even though staff working side-by-side may not have the same salary and benefits. Green added that we currently have county case managers and contracted case managers with different salary and benefits working together.

Sup Stubbs asked that members submit further questions to Jean Kuehn. She noted that the Committee Chairs would be meeting on Thursday morning to debrief and review the plans for proceeding on the Family Care deliberations.

**Adjournment:** Meeting adjourned at 7:45 p.m.

**Next Meeting:** HHN: August 19, 2008, 5:00 p.m., CCB 309

HHN/HSB/LTS/AAA: August 26, 2008, Job Center Ballroom, at 4:30 p.m. for 2009 budget presentation and 5:30 p.m. for Family Care presentation

Prepared by Dawn MacFarlane

*Note: These minutes are the notes of the recorder and are subject to change at a subsequent meeting of the committee.*